



## The Salvation Army Broward County Summer Day Camp Program



Dear Parents:

We are excited that you are considering signing your child(ren) up for our **Summer Day Camp Program**. The program is designed for children ages 5-12 and provides a safe and positive environment for them to just be kids. While at our facility, your child(ren) will participate in many activities including homework assistance, arts and crafts, character-building, outdoor activities, and more. The Salvation Army is a Christian organization, justly so, Bible Classes, and Worship Services are also included as part of the Summer Day Camp Experience.

Attached, you will find an application packet, including release forms, health forms, and a breakdown of payments. There will be special field trips that may be an additional charge, but that information is forthcoming. Please be sure to fill out the application in its entirety. The packet must be completed for your child(ren) to be permitted to attend the Summer Day Camp Program.

Program hours are Monday-Friday **7:30 am until 6:00 pm**. Your child **MUST** be picked up no later than 6:30 pm and there will be a \$5 charge per child every 15 minutes over 6:00 pm. We will provide breakfast, a morning snack, lunch, and an afternoon snack for your kids daily.

If you have any questions or concerns, please be in contact with Sandra Levy or Pryne Pierre, or any member of our leadership staff.

Blessings in Christ,  
Captain Pryne Pierre  
& The Salvation Army Staff

If you have any questions or concerns or if you would like any more information about our After School Program & Summer Day Camp, please contact:

**Captain Pryne Pierre**  
Associate Corps Officer  
(954)712-2467

**Captain Claudia Pierre**  
Associate Corps Officer  
(954)712-2474

**Sandra Levy**  
Program Director  
(954)654-3805

Child Name: \_\_\_\_\_



# The Salvation Army Broward County Summer Day Camp Program Membership Information Form



**Confidentiality:** Any confidential information requested is for our records and for the funding our organization receives. The answers you provide will be kept confidential. Your cooperation in providing this information is both appreciated and necessary.

## Head of Household/Parent/Guardian (Please print)

*Required fields are denoted with an asterisk (\*).*

\*First Name: \_\_\_\_\_ \*Last Name: \_\_\_\_\_ \*Gender:  M  F

\*Address: \_\_\_\_\_

\*Address Type:  Home  Work  Other: \_\_\_\_\_ \*Family Size: \_\_\_\_\_

\*Phone Number(s):  
\_\_\_\_\_  
\_\_\_\_\_  Home  Work  Other: \_\_\_\_\_  
\_\_\_\_\_  Home  Work  Other: \_\_\_\_\_

\*Email: \_\_\_\_\_

\*Family Income:  \$0-10,000  \$10,001-20,000  \$20,001-30,000  
 \$30,001-40,000  \$40,001-50,000  \$50,00+

Occupation: \_\_\_\_\_ Job Title: \_\_\_\_\_

Employer: \_\_\_\_\_

Military Branch: \_\_\_\_\_ Status: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

## Member Information (Please print)

*Required fields are denoted with an asterisk (\*).*

\*Full Name: \_\_\_\_\_ \*Gender:  M  F

Nick Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Race/Ethnicity:  African American  Asian  Hispanic  Caucasian  Other: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*Address Type:  Home  Work  Other: \_\_\_\_\_ \*T-Shirt

Size: \_\_\_\_\_

\*Phone Number(s):  
\_\_\_\_\_  
\_\_\_\_\_  Home  Work  Other: \_\_\_\_\_  
\_\_\_\_\_  Home  Work  Other: \_\_\_\_\_

\*Email: \_\_\_\_\_

Membership Type:  New Member  Current Member  Expired Member

How did you hear about us?  Current Member  Church  Other: \_\_\_\_\_

\*School: \_\_\_\_\_ \*Grade: \_\_\_\_\_

Child Name: \_\_\_\_\_

Pickup Authorization Password (for bus pick-ups): \_\_\_\_\_

Household Type:  Dual Parent  Single Parent  Multi-Generational  Guardian  Foster Care

\*Check all that apply to your family:

- TANF
- SSI
- Scholarship
- SSDI
- SNAP (Food Stamps)
- School Lunch Assistance
- Medicaid

\*Medications: \_\_\_\_\_

\*Medical Concerns/Allergies: \_\_\_\_\_

List two people authorized to pick up member: ID Must be Shown

**Person #1**

\*First Name: \_\_\_\_\_ \*Last Name: \_\_\_\_\_

\*Relationship to Child: \_\_\_\_\_

\*Phone Number(s):

\_\_\_\_\_  Home  Work  Other: \_\_\_\_\_

\_\_\_\_\_  Home  Work  Other: \_\_\_\_\_

**Person #2**

\*First Name: \_\_\_\_\_ \*Last Name: \_\_\_\_\_

\*Relationship to Child: \_\_\_\_\_

\*Phone Number(s):

\_\_\_\_\_  Home  Work  Other: \_\_\_\_\_

\_\_\_\_\_  Home  Work  Other: \_\_\_\_\_

I have read the completed application, understand the rules of The Salvation Army Summer Day Camp Program, and request that my child be admitted into membership. I have explained the rules to my child and agree that the Summer Day Camp Program will not be responsible for any accident to the child while on The Salvation Army premises or while engaged in any of its activities away from The Salvation Army.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of Community Center Director/Assistant Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

Child Name: \_\_\_\_\_



# The Salvation Army Broward County Summer Day Camp Program



## AUTHORIZATION OF PHOTOGRAPHY/FILM/AUDIO/TEXT BY THE SALVATION ARMY

- I hereby irrevocably grant to The Salvation Army, its successors and assigns, its agents and those by whom it is commissioned, the absolute, unrestricted, and unlimited license, right, permission, and consent to use and reuse, disseminate, copyright, print, reproduce, publish and republish, for any and all trade purposes or commercial or advertising or public purposes, and in any and all advertising, publicity, display, publication or media, my name, signature, and likeness, and any portraits, pictures, photographic prints or other representations of me, or in which I may appear, or any reproductions or sketches thereof or parts thereof, photographic or otherwise, with such additions, deletions, alterations or changes therein as you in your discretion may make, either separately or together with my name or a fictitious name, or the name of another person, with or without any statements or testimonials made by me, or authorized by me which you may, in your discretion, prepare for use in connection therewith. I warrant that I have not limited or restricted the use of my name or photograph to the use of any organization or person.
- I hereby grant unrestricted use of audio tracks or text by The Salvation Army for such purposes as The Salvation Army may deem appropriate.
- I hereby release and discharge The Salvation Army, its successors, assigns, and agents from any and all claims and demands arising out of or in connection with the use of any of the forgoing, including any claims for defamation, invasion of privacy, or violation of any statutory right.
- I certify that I am at least 21\* years of age, my birth date being  /  /  and having the right to contract in my own name and to the extent herein set forth.

I witness by my hand as noted and sealed this day:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Date)

*\*If under 21 please fill in the minor's information and proceed to the parent/guardian section.*

## AUTHORIZATION RELATING TO A MINOR/INDIVIDUAL UNDER LOCAL GUARDIANSHIP

I hereby certify that I am the (parent/legal guardian) of \_\_\_\_\_ and have executed this release on his/her behalf.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Date)

## WITNESS TO PERFORMANCE OF THE RELEASE

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Date)

Child Name: \_\_\_\_\_



# The Salvation Army Broward County Summer Day Camp Program



## Release of Liability

This release is made by \_\_\_\_\_, whose  
(Please print your name.)

The address is \_\_\_\_\_, as the  
parent/guardian of

\_\_\_\_\_ of the same address listed above.  
(Please print child's name.)

If different address, please note: \_\_\_\_\_.

As the parent/guardian, I understand the activities of the program that my child will participate in. I also understand that there are unexpected risks and dangers with indoor and outdoor recreational programs. I release The Salvation Army, or their respective agents, representatives, successors, and assigns for any and all injuries, which may be suffered in connection with the above-referenced child's participation.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of Community Center Director/Assistant Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

Child Name: \_\_\_\_\_



# The Salvation Army Broward County Summer Day Camp Program



## Rules & Consequences

There will be **ZERO TOLERANCE** for anyone who engages in fighting and/or any altercations. Anyone engaged in such activity will automatically be sent home and will not return for the remainder of the week **without a refund**.

We also ask that participants be respectful to staff and others at all times. We will be using the three-strike rule: after three warnings, **there is an automatic DISMISSAL FROM THE PROGRAM.**

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of Community Center Director/Assistant Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Strike One Incident

\_\_\_\_\_  
Date

\_\_\_\_\_  
Strike Two Incident

\_\_\_\_\_  
Date

\_\_\_\_\_  
Strike Three Incident

\_\_\_\_\_  
Date

Child Name: \_\_\_\_\_



# The Salvation Army Broward County Summer Day Camp Program



## Member Health History

Child's Name: \_\_\_\_\_

### The following information is required:

#### 1<sup>st</sup> Emergency Contact (Parent/Legal Guardian):

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Phone Number: \_\_\_\_\_

#### 2<sup>nd</sup> Emergency Contact (other than listed above):

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Child's Doctor(s)/Phone Number(s)/Address(es): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Health Information:

1. Are there any health problems including physical, psychiatric, or behavioral problems of which we need to be aware?

\_\_\_\_\_ No

\_\_\_\_\_ Yes. Please Explain:

\_\_\_\_\_  
\_\_\_\_\_

2. Are there any medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's club experience is positive?

\_\_\_\_\_ No

\_\_\_\_\_ Yes (Please Specify): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Reaction and Treatment: \_\_\_\_\_

Child Name: \_\_\_\_\_

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## **Member Health History Continued:**

Child's Name: \_\_\_\_\_

Name and Address of Primary Health Insurance Carrier: \_\_\_\_\_

Group #: \_\_\_\_\_ Plan #: \_\_\_\_\_

### **IMMUNIZATIONS INFORMATION**

For member who reside **within** the United States, a United States territory, or the District of Columbia;

1. State/territory in which child resides: \_\_\_\_\_
2. Is this child exempt from any immunizations?  
\_\_\_\_\_ NO \_\_\_ YES

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name**

### **Safety Procedures**

We will continue to follow all the recommended CDC guidelines regarding COVID-19 and adhere to all safety practices.

- Temperature checks will be performed daily
- Hand sanitizer stations are located throughout the building
- Mask/Face coverings are not required but are welcome to be worn if your child wishes to do so.
- Facility is cleaned and sanitized throughout the day



Child Name: \_\_\_\_\_



# The Salvation Army Broward County Summer Day Camp Program



## Payment Information:

A non-refundable one-time registration fee must be paid prior to starting the program: \$25.00 per child. This secures your child's spot in our program as well as their spot in the After-school program should you wish to enroll them in that program in the fall. (Should you withdraw your child from our program and reapply the next year, a new application fee will be required.) \*Proof of child(ren) living in your household must be provided.

## Summer Day Camp Program: 7:30 am to 6:00 pm

- **Single Child Rate** - \$60.00 per week @ 9 weeks (Total for Summer: \$540.00)
- **Special Single Child 4-week Pay Rate**- \$55@4 \$220 for four weeks {times two} and \$55 for one additional week. (Total for 9 weeks: 495.00)
- **Multi-Child Rate** - \$60.00 for child one, \$55 for child two, \$50 for child three per week @ 9 weeks (Total for three children for Summer: \$1,485.00)
- **Special Multi-Child 4-week Pay Rate**- \$55@4 \$220 for child one, \$50@4 \$200 for child two, \$45@4 \$180 for child three {times two} plus one weekly payment for each respective child for the additional week (Total for three Children for 9 weeks: \$1,350.00)
- **Late Pick-up Penalty**- \$5 per child for every 15-minute time frame over our closing time.

## Payment methods:

We accept the following forms of payment: checks, money orders, or cash. All registration fees will need to be paid before your child can start our programs.

## Payment dates: (All payments are due prior to your child being dropped off.)

- **Weekly Pay Dates:**
  - Friday, June 9<sup>th</sup> (Payment Fee for Week 1 June 12-16, 2023)
  - Friday, June 16<sup>th</sup> (Payment Fee for Week 2 June 19-23, 2023)
  - Friday, June 23<sup>rd</sup> (Payment Fee for Week 3 June 26-30, 2023)
  - Friday, June 30<sup>th</sup> (Payment Fee for Week 4 July 3-7, 2023)
  - Friday, July, 7<sup>th</sup> (Payment Fee for Week 5 July 10-14, 2023)
  - Friday, July 14<sup>th</sup> (Payment Fee for Week 6 July 17-21, 2023)
  - Friday, July 21<sup>th</sup> (Payment Fee for Week 7 July 24-28, 2023)
  - Friday, July 28<sup>th</sup> (Payment Fee for Week 8 July 31- August 4, 2023)
  - Friday, August 4<sup>th</sup> (Payment Fee for Week 9 August 7-11, 2023)
- **Special Four-Week Pay Dates:**
  - Friday, June 9<sup>th</sup> (4 Week payment for June 12<sup>th</sup>-July 7<sup>th</sup>)
  - Friday, July 7<sup>th</sup> (4 Week payment for July 10<sup>th</sup>-August 4<sup>th</sup>)
  - Friday, August 4<sup>th</sup> (Week 9 payment for August 7<sup>th</sup>-August 11<sup>th</sup>)

**Holidays on which our facility will not be opened:** (Schedule is subject to change)

**Tuesday, July 4, 2023-Independence Day**

Please know our commitment to each of you is unwavering. We encourage you to check your email weekly, for updates.

The Salvation Army of Broward County  
100 SW 9<sup>th</sup> Avenue | Fort Lauderdale, Florida 33312  
Phone: 954.712.2467